



United States Military Academy
Sports Medicine-Physical Therapy Services
Keller Army Community Hospital and Arvin Gym, West Point, New York
"Academic, Research, and Clinical Excellence"

The West Point Experience in Physical Therapy Direct Access

1. What we do...
 - a. Early evaluation and early intervention are the cornerstones to our successful outcomes.
 - b. Direct Access consists of 2 clinics and Summer Training
 - i. Keller Army Community Hospital-
 1. Conducts a 0630 sports medicine clinic to see acute injuries for AD and dependents on a walk in basis. This captures much of the West Point community's musculoskeletal conditions on a primary basis
 2. Conduct a joint clinic with orthopedics once a week for second opinions, injections, surgical consults...
 - ii. Cadet Clinic-
 1. Conducts sick call for all musculoskeletal complaints for cadets. Capture most of the cadets musculoskeletal conditions on a primary basis
 2. Conduct a joint clinic with orthopedics once a week for second opinions, research data collection, injections, and surgical consults.
 - iii. Summer Training- The Physical therapists travel to various cadet summer training sites on a daily basis to continue our role as the primary care providers for musculoskeletal conditions.
 - c. The working relationship with orthopedics is vital in providing effective and efficient care. If a patient has an acute injury requiring surgery we can quickly:
 - i. Get them started on early treatment to decrease inflammation and maintain function
 - ii. Get the patient in contact with ortho for surgical evaluation
2. Why we do it (premise behind PTs in direct access roll)
 - a. Early evaluation and treatment = early recovery
 1. Adequate diagnosis the first time by a well-qualified provider decreases patient's frustration with multiple diagnoses by multiple providers.
 2. Early intervention prevents conditions from becoming chronic and more difficult to manage
 3. Patients don't feel that they are simply being given Motrin and told to come back in a month
 - b. The orthopedic surgeons are seeing appropriate patients consulted from PT. The reduction in inappropriate consults reduces orthopedic clinic and surgical wait times thereby expediting the time to return to duty.
3. Evidence to support PTs as primary care providers
 - a. A 1994 study on the cost-effectiveness of direct access to physical therapists found that the costs incurred for physical therapy visits were 123% higher when patients were first seen by a physician than when they went to PT directly.¹
 - b. Physical Therapists are trained in essential skills for the management of acute problems.
 - c. There is strong evidence to support manipulation in the acute stages of those suffering from LBP. ² Early intervention by a PT may prevent the development of chronic LBP.
 - d. 38 states currently have some form of direct access



1. Mitchell JM, de Lissoyoy G. A comparison of resource use and cost in direct access versus physician referral episodes of physical therapy. *Phys Ther.* 1997; 77:10-18.

2. Biogos S, Bowyer O, Braen G. Acute Low Back Problems in Adults. Clinical Practice Guidelines No. 14. AHCPR Publication No. 95-0642. Rockville, MD: December 1994.